



PATENT

IN THE UNITED STATES

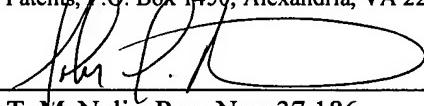
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Yaochu Jin *et al.*
APPLICATION NO.: 10/007,734
FILING DATE: November 9, 2001
TITLE: Approximate Fitness Functions
EXAMINER: George B. Davis
GROUP ART UNIT: 2121
ATTY. DKT. NO.: 23077-06445

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: September 16, 2004

By: 

John T. McNelis, Reg. No.: 37,186

MAIL STOP AMENDMENT
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LETTER TO THE CHIEF DRAFTSPERSON

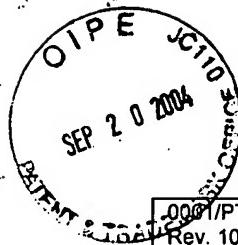
SIR:

Please substitute the enclosed two (2) sheets of formal drawings containing Figures 1 and 3 or the two (2) sheets of drawings containing Figures 1 and 3 previously submitted.

Respectfully submitted,
Yaochu Jin *et al.*

Dated: September 16, 2004

By: 
John T. McNelis, Reg. No: 37,186
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Silicon Valley Center
801 California Street
Mountain View, CA 94041
Tel.: (650) 335-7133
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0001/PTO
Rev. 10/95

U.S. Department of Commerce
Patent and Trademark Office

TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	10/007,734
		Filing Date	November 9, 2001 RECEIVED
		First Named Inventor	Yaochu Jin SEP 22
		Group Art Unit Number	2121 Technology Center
		Examiner Name	George B. Davis
Total Number of Pages in This Submission	22	Attorney Docket Number	23077-06445

ENCLOSURES (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)
<input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input checked="" type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input checked="" type="checkbox"/> Replacement Drawing(s): |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> [2] Sheet(s) of Figures 1 and 3 |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A
<input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Request for Corrected Filing Receipt | <input type="checkbox"/> |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Response and Amendment A: 16 Pages including 2 Annotated Marked-Up Drawings
<input type="checkbox"/> After Final | <input type="checkbox"/> |
| <input type="checkbox"/> Status Request | <input type="checkbox"/> |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | <input type="checkbox"/> |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

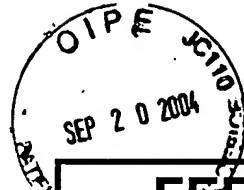
Signature:	
Attorney/Reg. No.:	John T. McNelis, Reg. No. 37,186
Dated:	September 16, 2004

CERTIFICATE OF MAILING

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Signature:	
Typed or Printed Name:	John T. McNelis
Express Mail Mailing Number (optional):	
Dated:	September 16, 2004

23077/06445/DOCS/1466169.1



FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **0**

Complete if Known	
Application Number	10/007,734
Filing Date	November 9, 2001
First Named Inventor	Yaochu Jin
Examiner Name	George B. Davis
Art Unit	2121
Attorney Docket No.	23077-06445 Technology Center 216

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)
 Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
11	-20** = 0	x 18	= 0
1	-3** = 0	x 88	= 0

Independent Claims

Multiple Dependent

Fee Description					
Fee	Fee	Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0	

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid		
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)		
1051	130	2051	65		
1052	50	2052	25		
1053	130	1053	130		
1812	2,520	1812	2,520		
1804	920*	1804	920*		
1805	1,840*	1805	1,840*		
1251	110	2251	55		
1252	420	2252	210		
1253	950	2253	475		
1254	1,480	2254	740		
1255	2,010	2255	1,005		
1401	330	2401	165		
1402	330	2402	165		
1403	290	2403	145		
1451	1,510	1451	1,510		
1452	110	2452	55		
1453	1,330	2453	665		
1501	1,330	2501	665		
1502	480	2502	240		
1503	640	2503	320		
1460	130	1460	130		
1807	50	1807	50		
1806	180	1806	180		
8021	40	8021	40		
1809	770	2809	385		
1810	770	2810	385		
1801	770	2801	385		
1802	900	1802	900		
Other fee (specify) _____					
SUBTOTAL (3)		(\$)		0	

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) **John T. McNelis** Registration No. (Attorney/Agent) **37,186** Telephone (650) 335-7133

Signature		Date	September 16, 2004
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